RESHA'S SCHOOL OF DANCE & ARTS

1002 A MEB CT. MT JULIET, TN 37122
PHONE: 615-758-0933

FALL REGISTRATION: Registration fee of $20.00 for one, and $15.00 for each additional family member. Fee is due with application and is nonrefundable.

STUDENT NAME: _____ PHONE NO. _____
AGE (as of Sept. 30th) _____ Birth date _____ School _____ Grade in fall _____
PARENTS' NAME: _____ HOME NO._____ BUSINESS NO. _____
MOBILE NO. _____
ADDRESS: _____ CITY & ZIP _____
E-MAIL: _____
EMERGENCY CONTACT NAME & NUMBER (OTHER THAN YOU)_____

CLASSES OFFERED: PLEASE MARK CLASSES YOU WISH TO ATTEND:
*DESCRIPTION OF CLASSES ON ATTATCHED PAGE.

BALLET: _____
POINTE: _____
JAZZ: _____
MODERN: _____
LYRICAL: _____
HIP-HOP/JAZZ _____
HIP-HOP: _____ (Adult)
HIP-HOP: _____ Girls or Boys "circle one"
BOYS ROUGH & TUMBLE: _____
COMPETITION TEAM: _____

ACROBATICS: _____
ACRO-POM: _____
POM: _____
CHEERLEADING/TUMBLING: _____
GYMNASTICS/FLOOR: _____
BALLROOM: _____
FITNESS CLASS: _____
CREATIVE MOVEMENT: _____
TECHNIQUE CLASS: _____
TAP: _____

CLASSES WILL BE SCHEDULED ACCORDING TO INFORMATION GIVEN BELOW:
*ANY MORNING CLASSES WILL BEGIN NO EARLIER THAN 10:00 AM.

DAYS AND TIMES PREFERRED:
1ST CHOICE _____ Earliest time you can attend. _____
2ND CHOICE _____ Earliest time you can attend. _____
3RD CHOICE _____ Earliest time you can attend. _____

Please list previous dance experience, years of study and which studio you attended: _____

RELEASE OF LIABILITY AND HOLD CLAUSE:
I, _____, parent or guardian of _____ acknowledges the fact that inherent to participating in any physical activity requires physical excertion, and there are risks of being injured. This is true with taking dance classes, martial arts, or fitness classes. This is to verify that I understand there are risks, and do accept them as fact. I hereby hold harmless and release from any and all liability Resha's School of Dance and Arts from any offend: all responsibility in the event of injury occurring as result of myself or my child's participation in any of the programs sponsored by Resha's School of Dance and Arts. This waiver applies also to any incident occurring in or around the dance facility as well as any parking facility connected with the Resha's School of Dance and Arts, it's insurers owners or representatives, are not responsible for any loss of personal property, due to theft, fire, vandalism, or any peril, insured, or uninsured, whether in or around the dance facility, policies regarding student's behavior, payments and procedures associated with registration and the discontinuation of classes at Resha's School of Dance and Arts. I therefore agree these policies as set forth at the time of registration. I hereby understand and except the terms, and sign my name hereunder verifying my agreement.
SIGNED: _____ DATE: _____

HOW DID YOU HEAR ABOUT US? Newspaper___Drive By___Friend/Name_____Internet_____Phone Book_____

COMMENTS OR EXTRA INFO:_____